



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE N/A	Inspection Date: 12/12/17		ESTABLISHMENT NAME: URMENETA, ROSALINA A.	
Regular	<input checked="" type="checkbox"/>		Time In/Out:		OWNER/OPERATOR:	
Follow-Up	<input type="checkbox"/>		10:05 AM / 10:35 AM		URMENETA, ROSALINA A.	
Complaint	<input type="checkbox"/>		Sanitary Permit No.:		LOCATION: 123 LIMONCITO	
Investigation	<input type="checkbox"/>	RATING N/A	20000-17000		Establishment Type:	
Other:	<input type="checkbox"/>		HERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		FAMILY DAY CARE HOME	
No. of Children: 0 Male 1 Female 1 Total			Child Care License No.: N/A / / Valid / / Provisional / / Expired			

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title):

DEH Inspector (Name & Title):